II. HEALTH CARE PROVIDERS AND REVIEW REQUIREMENTS

A. Network Development

The TRICARE Prime Remote (TPR) program has no additional network development requirements. Refer to OPM Part Three, Chapter 8, Section I.A.and Section I.I.

B. Designated Providers (Formerly USTFs)

1. In addition to receiving claims from civilian providers, the contractors may also receive TRICARE Prime Remote (TPR) program claims from certain "designated providers" formerly referred to as Uniformed Services Treatment Facilities (USTFs). The provisions of TPR will not apply to services furnished by a designated provider if the services are included as covered services under the current negotiated agreement between the designated provider and Office of the Assistant Secretary of Defense, Health Affairs (OASD(HA)). However, the contractor shall process claims according to the requirements in this chapter for any services not included in the designated provider agreement.

2. The designated providers listed below currently have negotiated agreements that provide the Prime benefit (inpatient and outpatient care). Since these facilities have the capability for inpatient services, they can submit inpatient claims that the contractor will process according to applicable TRICARE and TPR reimbursement rules:

a. Sisters of Charity of the Incarnate Word, Houston TX (which also includes):

(1) St. Mary Hospital, Port Arthur, TX

(2) St. John Hospital, Nassau Bay, TX

(3) St. Joseph Hospital, Houston, TX

b. Fairview Health System, Cleveland OH

c. Martin's Point Health Care, Portland ME

d. Johns Hopkins Medical Services Corporation, Baltimore, MD

e. Brighton Marine Health Center, Boston, MA

f. Bayley Seton Hospital, Staten Island, NY

g. Pacific Medical Clinics, Seattle, WA

C. Veteran's Affairs

1. General

Contractors shall not reimburse for services provided to TPR enrollees under the current *national and local* Memoranda of Understanding (MOU) between the Department of Defense (including the Army, Air Force and Navy/Marine Corps facilities) and the Department of Veteran's Affairs. Claims for these services will continue to be processed

by the Military Services. However, the contractors shall process claims according to the requirements in this chapter for any services not included in the MOU.

2. VA Providers in Alaska

The California/Hawaii MCS contractor shall process claims received from the VA in Alaska in accordance with the current contractual agreements. These claims shall be processed as supplemental health care claims when they are for services referred by the MTF.

D. Department of Health and Human Services (Indian Health Service, Public Health Service, etc.)

Claims for services not included in the current Memoranda of Understanding (MOU) between the Department of Defense (including the Army, Air Force and Navy/Marine Corps facilities) and the Department of Health and Human Services (including the Indian Health Service, Public Health Service, etc.) shall be processed in accordance with the requirements in this chapter.

E. Review Requirements

1. Provision of Documents

If the SPOC requests copies of supporting documentation related to care reviews, appeals, claims, etc., the contractor shall send the requested copies to the SPOC within four (4) work days of receiving the request.

2. Primary Care

Active duty service members (ADSMs) enrolled in the TRICARE Prime Remote Program can receive primary care services under the Uniform HMO Benefit without a referral, an authorization, or a fitness-for-duty review by the ADSM's service point of contact (SPOC) (see Addendum B). The contractor shall process primary care claims for TPR enrollees without applying authorization, referral, or SPOC review requirements. ADSMs with assigned primary care managers (PCMs) will receive primary care services from their PCMs. ADSMs without assigned PCMs will receive primary care services from TRICARE-authorized civilian providers, where available--or from other civilian providers where TRICARE-authorized civilian providers are not available. If a contractor receives claims for primary care services that are not covered under TRICARE and/or that are furnished to a TPR enrollee by a provider who is not TRICARE-authorized or certified, the contractor shall pend the claim and supply required information (Addendum D) to the SPOC for coverage determination (refer to Section I.D. of this chapter for additional information). If the SPOC does not notify the contractor of the review determination or ask for an extension for further review within two (2) workdays after submitting the request for a coverage determination, the contractor shall enter the contractor's authorization code into the contractor's system, and, if required by contract, into the appropriate CHCS platform. The contractor shall then release the claim for payment.

3. Non-Emergency Specialty Care, All Inpatient Care, Mental Health Care, and Other Care

The following care requires SPOC review to determine its impact on the ADSM's fitness for duty and/or to determine whether the ADSM must use a military

source of care or may use a civilian source: non-emergency specialty care, claims for prescriptions for controlled substances (network pharmacies shall fill the prescription and the contractor shall forward claim information to the SPOC *on the monthly report* for a retrospective review), all inpatient hospitalization, mental health care, and invasive medical and surgical procedures (with the exception of laboratory services) furnished in ambulatory settings. The contractor shall not, however, delay claim processing for a SPOC review determination.

a. Referred Care

(1) If the ADSM has a PCM, the PCM shall follow the contractor's referral procedures and shall contact the health care finder (HCF) for an authorization. If the Health Care Finder (HCF) authorizes the care, the HCF shall enter the required information (Addendum D) required by the SPOC for a fitness-for-duty review. The SPOC will respond to the HCF within two (2) work days. *The HCF shall not communicate to the provider or patient that the care has been authorized until the SPOC review process has been completed.*

(2) If the SPOC determines that the ADSM may receive the care from a civilian source, the SPOC will enter the appropriate code into the authorization/referral system. The HCF shall *notify the ADSM of approved referrals*. The ADSM may receive the specialty care from an MTF, a network provider, or a non-network provider according to TRICARE access standards, where possible. In areas where providers are not available within TRICARE access standards, community norms shall apply. (An ADSM may always choose to receive care at an MTF even when the SPOC has authorized a civilian source of care and even if the care at the MTF cannot be arranged within the Prime access standards *subject to the member's unit commander [or supervisor] approval*.) If the HCF makes the appointment with a non-network provider, the HCF shall instruct the provider on payment requirements for ADSMs (e.g., no deductible or cost-share) and on other issues affecting claim payment (e.g., the balance billing prohibition).

(3) If the HCF does not receive the SPOC's response or request for an extension within two (2) work days, the HCF shall, within one (1) work day after the end of the two (2) work day waiting period, enter the contractor's authorization code into the contractor's claims processing system. The HCF shall document in the contractor's system each step of the effort to obtain a review decision from the SPOC. The first choice for civilian care is with a network provider; if a network provider is not available within Prime access standards, the HCF may authorize the care with a TRICARE-authorized provider. *T*he HCF shall help the ADSM locate an authorized provider.

(4) If the SPOC directs the care to a military source, the SPOC will manage the episode of care. The HCF shall help the ADSM make an appointment at the nearest MTF, or at the MTF designated by the SPOC. If the ADSM disagrees with a SPOC determination that the care must be provided by a military source, the ADSM may appeal only through the SPOC who will coordinate the appeal with the Lead Agent; the contractor shall refer all appeals and inquiries concerning the SPOC's fitness-for-duty determination to the SPOC.

(5) If the ADSM's PCM determines that a specialty referral or test is required on an emergency or urgent basis (less than 48 hours from the time of the PCM office visit) the PCM shall contact the HCF who shall arrange for the care immediately

and send required information (Addendum D) to the SPOC for a fitness for duty review. The ADSM shall receive the care as needed without waiting for the SPOC determination, and the contractor shall adjudicate the claim according to TRICARE Prime provisions. If further specialty care is warranted, the PCM shall provide the HCF with a referral to specialty care. The HCF shall contact the SPOC with a request for an additional SPOC review for the specialty care.

b. Care Received With No Authorization or Referral

Sometimes the contractor will receive claims for care that requires referral, authorization, and SPOC review that the contractor and the SPOC have not authorized or reviewed.

(1) If the claim involves care covered under *TPR*, the contractor shall *pend* the claim *and supply* the required information (Addendum D) to the SPOC for review. *If* the SPOC *does not notify the contractor of the review determination or ask for an extension for further review within two (2) workdays after submitting the request for coverage determination, the contractor shall enter the contractor's authorization code into the contractor's system, and if required into the appropriate CHCS platform. The contractor shall then release the claim for payment, and apply any overrides necessary to ensure that the claim is paid with no fees assessed to the active duty member. However, the contractor shall not make claims payments to sanctioned or suspended providers (see OPM Part Two, Chapter 7, Section VI.).*

(2) If the contractor determines that the services on the claim are not covered under TRICARE Prime and/or that the provider of care is not TRICARE-authorized, or is not certified, the contractor shall pend the claim and supply required information (Addendum D) to the SPOC for a coverage determination as well as for a fitness-for-duty screening (refer to Addendum B, of this chapter for information and examples of covered services). If the SPOC does not notify the contractor of the review determination or ask for an extension for further review within two (2) workdays after submitting the request for a coverage determination, the contractor shall enter the contractor's authorization code into the contractor's system, and, if required by contract, into the appropriate CHCS platform. The contractor shall then release the claim for payment and apply any overrides necessary to ensure that the claim is paid. *However, the contractor shall not make claims payments to sanctioned or suspended providers (see OPM Part Two, Chapter 7, Section VI.).*

NOTE:

If the SPOC retroactively determines that the payment should not have been made, the contractor shall initiate recoupment actions according to OPM Part Two, Chapter 5, Section IV.

4. Reserved

F. Additional Instructions

1. Wellness Examinations

The contractor shall reimburse charges for wellness examinations covered under TRICARE Prime (see Policy Manual, Chapter 12, Section 8.1) without SPOC review. *If* requested, the HCF shall assist in making an appointment with a network or

TRICARE-authorized OB/GYN provider for an annual gynecological examination/pap smear. The contractor shall supply information related to requests for follow-up or additional GYN care that requires SPOC review (Section II.E.2. above) to the SPOC for a fitness-for-duty determination (see Addendum B).

2. Optometry and Hearing Examinations

The ADSM may directly contact the HCF for assistance in arranging for optometry and hearing examinations. HCFs shall refer ADSMs to SPOCs for information on how to obtain eyeglasses, hearing aids, *and examinations for, and contact lenses* from the Military Health System (MHS) (see Addendum B).

3. No PCM Assigned

ADSMs who work and reside in areas where a PCM is not available may directly access the HCF for assistance in arranging for routine primary care and for urgent specialty or inpatient care with a TRICARE-authorized provider. Since a non-network provider is not required to know the fitness-for-duty review process, it is important that the ADSM coordinate all requests for specialty and inpatient care through the HCF. The HCF shall contact the SPOC as required for reviews and other assistance as needed.

4. Emergency Care

For emergency care, refer to the Policy Manual for guidelines.

5. Dental Care

The military services will continue to process and reimburse claims for all dental services, including adjunctive dental care. Addendum C provides guidelines for dental claims and inquiries,

6. Immunizations

Contractors shall reimburse immunizations as primary care under the guidelines in the Policy Manual.

7. *Ancillary Services*

A SPOC authorization for health care includes authorization for any ancillary services related to the health care authorized.

G. Active Duty Service Member Medical Records

1. For TPR-enrolled ADSMs with assigned PCMs, the contractor shall follow contract requirements for maintaining medical records.

2. ADSMs will be instructed by their commands to sign annual medical release forms with their PCMs to allow information to be forwarded as necessary to civilian and military providers. The contractor may use the current "signature on file" procedures to fulfill this requirement [OPM Part Two, Chapter 1, Section IV.F.1.g.(4)]. When an ADSM leaves an assignment as a result of a Permanent Change of Station (PCS) or other service-related change of duty status, the PCM shall provide a complete copy of medical records, to include copies of specialty and ancillary care documentation, to ADSMs within thirty (30) calendar days of the ADSM's request for the records. *The ADSM may also request copies of medical care documentation on an ongoing, episode of care basis.* The contractor shall be

responsible for all administrative/copying costs. *Network providers shall be reimbursed for medical records photocopying and postage costs incurred at the rates established in their network provider participation agreements. Participating and non-participating providers shall be reimbursed for medical records photocopying and postage costs on the basis of billed charges. ADSMs who have paid for copied records and applicable postage costs shall be reimbursed for the full amount paid to ensure they have no out of pocket expenses. All providers and/or patients must submit a claim form, with the charges clearly identified, to the contractor for reimbursement. ADSM's claim forms should be accompanied by a receipt showing the amount paid.*

NOTE:

The purpose of the copying of medical records is to assist the ADSM in maintaining accurate and current medical documentation. The contractor shall not make payment to the provider who photocopies medical records to support the adjudication of a claim.

3. ADSMs without assigned PCMs will be responsible for maintaining their medical records when receiving care from civilian providers.

H. Provider Education

Contractors shall familiarize network providers and, when appropriate, other providers with the TRICARE Prime Remote Program, special requirements for ADSM health care, and billing procedures (e.g., no cost-share or deductible amounts, balance billing prohibition, etc.). Thirty (30) calendar days after initiation of the TRICARE Prime Remote Program contract modification, the contractor shall propose an educational plan to the Lead Agent outlining how providers will become familiar with the TRICARE Prime Remote Program. During the phase-in period, the contractor shall provide separate and distinct information/education to PCMs about the requirements and the special procedures for handling care for ADSMs (e.g., specialty care SPOC review requirements, billing procedures, medical record requirements, etc.). On an ongoing basis, contractors shall include information on ADSM specialty care procedures and billing instructions in routine information and educational programs according to contractual requirements.